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PTO/SB/17 (07-07)

Sinder the Bananyork Be	duction Act of 1995	no person are required to	U.S. Pater	Approve nt and Tradema	ed for use through ( irk Office; U.S. DEP	ARTMENT C	OMB 0651-0032 OF COMMERCE	
	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number.  Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL			Application Nu	<del></del>	**	/725,459-Conf. #4041		
					December 3, 2003			
			/asaki SHIRAISHI					
Fo	Examiner Name H.		l. D. T. Khuu					
Applicant claims sn	Art Unit 28		863					
TOTAL AMOUNT OF PAYMENT (\$) 610.00			Attorney Docket No. 02		229-0785P	-	`	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION			<del></del>		•			
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEES				***************************************		
			ARCH FEES		ATION FEES			
Application Type	Fee (\$)	<u>Small Entity</u> Fee (\$) Fee (\$	Small Entity (5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Eoos (	Paid (\$)	
Utility	300	150 500		200	100	1 663 1	αια (ψ)	
Design	200	100 100		130	65			
Plant	200	100 300		160	80			
Reissue	300	150 500		600				
					300			
Provisional	200	100 0	0	0	0			
2. EXCESS CLAIM FEES  Small Entity Fee Description  Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (incl	uding Reissues)					50	25	
Each independent claim over 3 (including Reissues)						200	100	
							180	
Total Claims Ext	Paid (\$)	Mu	Itiple Depende		100			
25 - 20 =				Fee Paid (\$)				
HP = highest number of total	360.00			360.00				
Indep. Claims Extra Claims Fee (\$) Fee I			Paid (\$)	·			_	
5 -6=			0.00					
HP = highest number of inde	pendent claims paid	for, if greater than 3.						
3. APPLICATION SIZE F								
If the specification and								
		application size fee d S.C. 41(a)(1)(G) and			tity) for each ac	Iditional 50	)	
Total Sheets					Fac (\$)	Fool	Daid (\$)	
Total Sheets								
4. OTHER FEE(S)					`	Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY		۸۸						
Signature of Ang. A.			Registration No. (Attorney/Agent)				5-8000	
Name (Printy ype) Paul C	28380	Date August 30, 2007						
	* *				<del></del>			